

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <b>10671619</b>	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP						
1	1		1				51					
2		1		1			52					
3		1		1			53					
4		1		1			54					
5		1		1			55					
6		1		1			56					
7		1		1			57					
8		1		1			58					
9		1		1			59					
10		1		1			60					
11		1		1			61					
12		1		1			62					
13		1		1			63					
14		1		1			64					
15		1		1			65					
16		1		1			66					
17		1		1			67					
18		1		1			68					
19		1		1			69					
20		1		1			70					
21		1		1			71					
22		1		1			72					
23		1		1			73					
24		1		1			74					
25		1		1			75					
26		1		1			76					
27		1		1			77					
28		1		1			78					
29		1		1			79					
30		1		1			80					
31		1		1			81					
32		1		1			82					
33		1		1			83					
34		1		1			84					
35		1		1			85					
36		1		1			86					
37		1		1			87					
38		1		1			88					
39		1		1			89					
40		1		1			90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND. <b>3</b>							TOTAL IND.					
TOTAL DEP. <b>89</b>							TOTAL DEP.					
TOTAL CLAIMS <b>92</b>							TOTAL CLAIMS					